

Connection in the time of COVID-19

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Abstract

This commentary is based on my personal experience working as a senior resident in internal medicine during the COVID-19 pandemic. It highlights themes of connection and humanity.

As cases of COVID increased exponentially in North America during early spring of 2020, healthcare workers started to worry. In one study published in JAMA at the beginning of the pandemic, already 71% of healthcare workers reported symptoms of distress in caring for COVID patients.¹ We feared for our own safety, as nearly every patient in the emergency department was being treated as a Person Under Investigation (PUI). While ostensibly a PUI was defined as a person with travel to an area of community transmission, contact with a confirmed case, or symptoms consistent with a respiratory illness, the definition grew ever broader as we recognized more symptoms of the disease, and community transmission became rampant.² We donned multiple layers of personal protective equipment, our faces barely recognizable even to each other. The tension and anxiety in the air was palpable and constricting, nearly as constricting as the masks that tightly wrapped our faces.

In medical school, we were taught the importance of physical examination. Careful auscultation of murmurs and palpation of the abdomen were cornerstones in diagnosis. The physical exam, once routine, now seemed like a monumental task. We were told to avoid using our own stethoscopes in the rooms of PUIs, or to stop bringing them altogether. It felt daunting even to breathe the air for too long in the room of a COVID-positive patient, let alone spend time doing a thorough exam. Instead, X-rays, CT chests, and prognostic lab markers were being ordered hastily as surrogates.³

One night on call, I was referred an elderly patient with dementia by the emergency physician. I was told that she was COVID-positive and palliative. She had been transferred from the nursing home as they could not manage her symptoms. When I entered the room, I saw an extremely frail, hypotensive woman who was struggling to breathe. I did not need to do a physical exam to know she did not have long to live.

I left the room and called her daughter. She was weary and exhausted, and she cried that she had not been able to see either of her parents (both in hospital) for weeks.

During this pandemic, we have been struggling every day with balancing our own safety and caring for patients in a thorough manner. We have become hidden behind layers of equipment, faceless and nameless to our patients. And they too have become faceless and nameless, as we are no longer spending long periods of time by their bedside. We have all become fearful of the touch of another human. We are disconnected and isolated.

I went back into the patient's room. I sat on the edge of her bed, and I clasped her hand. She passed away just a few hours later.

References

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